



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee Shook For Reynoldsburg  Full Name of Contributor O'Connor For Congress  Street Address P.O. Box 10292  City Columbus  Full Name of Contributor OH			
Full Name of Contributor O'Connor For Congress  Street Address P.O. Box 10292  City Columbus  State OH  Anount Aj201  Check  Registration Number, if PAC  Check  Amount Aj18/2019  Amount Aj18/2019  Amount Aj18/2019  Registration Number, if PAC  Check  Check  City Columbus  Full Name of Contributor Jean M. Williams  Street Address Street Address City City Columbus  Check  City Columbus  Check  Check  City Columbus  Check  Check  Check  Check  Check  Check  Check  Check  Check  City Check  City Check  City Check  City Reynoldsburg  Check  City Reynoldsburg  Registration Number, if PAC			
O'Connor For Congress  Street Address P.O. Box 10292  City Columbus  Full Name of Contributor Jean M. Williams  Street Address  Employer/Occupation/Labor Organization* OH			
Street Address P.O. Box 10292  State Columbus  Form (Cash, Check, etc.) Columbus  Full Name of Contributor  State City Columbus  State Columbu			
P.O. Box 10292  Clty Columbus OH			
City Columbus  OH A3201  Amount 4/18/2019  Zip Code A4/18/2019  Amount 4/18/2019  Registration Number, if PAC  Street Address 6367 Portsmouth Dr.  City Reynoldsburg  State OH A3068  Date (MM/DD/YYYY)  Amount Check  City Registration Number, if PAC  Port (MM/DD/YYYY)  Amount Amount A4/18/2019  Amount Amount A4/18/2019  Amount Amou			
Columbus  OH  43201  4/18/2019  250,00  Registration Number, if PAC  Jean M. Williams  Street Address 6367 Portsmouth Dr.  City Reynoldsburg  OH  43201  A/18/2019  Registration Number, if PAC  Check  Amount Amoun			
Full Name of Contributor  Jean M. Williams  Street Address 6367 Portsmouth Dr.  City Reynoldsburg OH 43068  Registration Number, if PAC  Registration Number, if PAC  Form (Cash, Check, etc.) Check  Reynoldsburg Registration Number, if PAC  Registration Number, if PAC			
Jean M. Williams  Street Address 6367 Portsmouth Dr.  City Reynoldsburg  Full Name of Contributor  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.) Check  City Amount Amount A3068  Registration Number, if PAC			
Street Address 6367 Portsmouth Dr.  City Reynoldsburg  Form (Cash, Check, etc.) CHeck  City Reynoldsburg  CH			
6367 Portsmouth Dr.  City  Reynoldsburg  OH			
City State Zip Code Date (MM/DD/YYYY) Amount Reynoldsburg OH 43068 8/3/2019 25.00  Full Name of Contributor Registration Number, if PAC	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		
Reynoldsburg OH 343068 8/3/2019 25.00 Full Name of Contributor Registration Number, if PAC	Check		
Full Name of Contributor Registration Number, if PAC			
regionalist (in the			
Reynoldsburg Area Democrats			
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			
550 E. Walnut St. Check	į		
City State Zip Code Date (MM/DD/YYYY) Amount			
Columbus OH 3215 8/20/2019 100.00			
Full Name of Contributor Registration Number, if PAC			
Reynoldsburg Area Democrats			
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			
550 E. Walnut St. Check			
City State Zip Code Date (MM/DD/YYYY) Amount			
Columbus OH 2 43215 9/3/2019 250.00			
Full Name of Contributor Registration Number, if PAC			
Tyack Law Firm Co., LPA			
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			
536 South High St. Check	Check		
City State Zip Code Date (MM/DD/YYYY) Amount			
Columbus OH  43215 9/3/2019 200.00			

\*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$8	325.00
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